

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001817

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 26

26

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits; give TOWNSHIP only)
OR
TOWN Kansas City

Length of stay in lb
40 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 3706 Blue Ridge Cutoff

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY
OR
TOWN

Kansas City

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
3706 Blue Ridge Cutoff

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Byrd

Middle

E.

Last

Repass

4. DATE OF DEATH

Month

January 1, 1963

Day

1

Year

1963

5. SEX

Male

6. COLOR OR RACE

Caucasian

7. Married

Widowed ☐

8. DATE OF BIRTH

3-30-1900

9. AGE (last birthday)

62

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assembler

11. BIRTHPLACE (City and state or country)

Jamesport, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Luther E. Repass

13b. MOTHER'S MAIDEN NAME

Elizabeth Dobozy

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

0

17. INFORMANT

Herman L. Repass, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:)

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

High H. Owens

22b. ADDRESS

152 Union Station

22c. DATE SIGNED

1-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-3-1963

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Floral Hills Funeral Home, Kansas City Mo

25. DATE RECD. BY LOCAL REG.

1-3-63

26. REGISTRAR'S SIGNATURE

Ruth Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. M. Joiner

Licensed Embalmer No. 3453

P.O. Address H. C. Fann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.